

**State of New Hampshire**  
**CERTIFICATE OF DIVORCE**  
**LEGAL SEPARATION OR ANNULMENT**

CASE NUMBER

STATE FILE NUMBER

This form must be typewritten. The following information will be completed by the petitioner as indicated, and filed with the court prior to the hearing on the merits in accordance with court rules.

**HUSBAND**

1. HUSBAND'S NAME – FIRST		MIDDLE	LAST	
2a. RESIDENCE – CITY, TOWN, OR LOCATION <i>(at time of filing)</i>		2b. COUNTY	2c. STATE	
3. BIRTHPLACE <i>(State or Foreign Country)</i>	4. DATE OF BIRTH <i>(Month, Day, Year)</i>	5. NUMBER OF THIS MARRIAGE <i>(specify first, second, etc.)</i>		6. SOCIAL SECURITY NUMBER
7. IF PREVIOUSLY MARRIED HOW MANY ENDED BY: <i>(Do Not Include Current Marriage)</i>		8. EDUCATION <i>(specify highest grade completed)</i>		
DEATH	DIVORCE, ANNULMENT	ELEMENTARY OR SECONDARY <i>(0-12)</i>		COLLEGE <i>(1-4 or 5+)</i>

**WIFE**

9a. WIFE'S NAME – FIRST		MIDDLE	LAST		9b. MAIDEN SURNAME
10a. RESIDENCE – CITY, TOWN, OR LOCATION <i>(at time of filing)</i>		10b. COUNTY		10c. STATE	
11. BIRTHPLACE <i>(State or Foreign Country)</i>	12. DATE OF BIRTH <i>(Month, Day, Year)</i>	13. NUMBER OF THIS MARRIAGE <i>(specify first, second, etc.)</i>		14. SOCIAL SECURITY NUMBER	
15. IF PREVIOUSLY MARRIED HOW MANY ENDED BY: <i>(Do Not Include Current Marriage)</i>		16. EDUCATION <i>(specify highest grade completed)</i>			
DEATH	DIVORCE, ANNULMENT	ELEMENTARY OR SECONDARY <i>(0-12)</i>		COLLEGE <i>(1-4 or 5+)</i>	

**MARRIAGE**

17a. PLACE OF THIS MARRIAGE – CITY/TOWN		17b. COUNTY	17c. STATE <i>(or Foreign Country)</i>	18. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i>
19. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD	20a. NUMBER OF CHILDREN BORN ALIVE OR ADOPTED DURING THIS MARRIAGE	20b. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 19		20c. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other

**ATTORNEY**

21a. NAME OF PETITIONER'S ATTORNEY or PRO-SE <i>(Type/Print)</i>	21b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>	21c. DATE <i>(this Form completed by attorney or Pro-Se)</i>
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**BELOW THIS LINE TO BE COMPLETED BY COURT**

**DECREE**

22a. Date petition filed with court. <i>(Month/Day/Year)</i>	22. Cause for Filing: <input type="checkbox"/> Irreconcilable Differences <input type="checkbox"/> Other <i>(specify)</i>	22c. A decree was entered. There was an: <input type="checkbox"/> Uncontested Hearing <input type="checkbox"/> Contested Hearing <input type="checkbox"/> Defaulted Hearing	23a. Type of Decree: <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment
23b. Date Decree Becomes Final: <i>(Month/Day/Year)</i>	24a. Name of Hearing Official: <i>(Type or Print) (First, Last)</i>		24b. Official Capacity: <input type="checkbox"/> Judge <input type="checkbox"/> Master
25. Name to be Used by Wife After Divorce: <input type="checkbox"/> Same as Present (9a) <input type="checkbox"/> Maiden (9b) <input type="checkbox"/> Other <i>(specify)</i>	26. Decision Making Responsibility for Child/Children Shall Be With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/> Not Applicable	27a. Number of Children Under 18 for Whom Residential Responsibility Is With: # _____ Both Parents # _____ Mother # _____ Father # _____ Other <i>(specify)</i> <input type="checkbox"/> Not Applicable	27b. Residential Responsibility Was: <input type="checkbox"/> Uncontested <input type="checkbox"/> Contested <input type="checkbox"/> Defaulted <input type="checkbox"/> Not Applicable
28a. Signature of Court Official: I certify that the above is correct to the best of my knowledge.		28b. Court name	28c. Date Signed <i>(Month, Day, Year)</i>